

California State Treasurer's Office Local Agency Investment Fund (LAIF)

Authorization for Transfer of Funds

Effective Date 05/21/2025	Agency Na Bolinas Community Pu		LAIF Account # 85-21-002	
Agency's LAIF Resolution	# 625	_ or Resolution Date _	09/18/13 (amended 5/21/25)	
ONLY the following individuals who	se names appear in t	he table below are h	ereby authorized to order the	
deposit or withdrawal of funds	· · · · · · · · · · · · · · · · · · ·		AND SUPERSEDES all prior	
authorizations on file with LAIF for t	<mark>he transfer of funds.</mark>			
Name	т	itle		
Jack Siedman	Pi	President of the Board of Directors		
Grace Godino		Vice-President of the Board of Directors		
Kirsten Walker Director				
Andrew Alexander-Green		Director		
Kevin McElroy		Director		
Georgia Woods		General Manager, Secretary of the Board		
Two authorized signatures required.	Fach of the undersign	ed certifies that he/sh	and is authorized to execute this	
aatiioiizea olgilatai eo legali eal			ie is authorized to execute this	
form under the agency's resolution, a				
form under the agency's resolution, a		on contained herein is Signature		
form under the agency's resolution, a Signature Georgia Woods Print Name		Signature Jack Siedman Print Name	true and correct.	
form under the agency's resolution, a Signature Georgia Woods Print Name General Manager Title		Signature Jack Siedman Print Name President of the l		
form under the agency's resolution, a Signature Georgia Woods Print Name General Manager		Signature Jack Siedman Print Name President of the l	true and correct.	
form under the agency's resolution, a Signature Georgia Woods Print Name General Manager Title 415-868-1224		Signature Jack Siedman Print Name President of the I Title 415-868-0997	true and correct.	
form under the agency's resolution, a Signature Georgia Woods Print Name General Manager Title 415-868-1224	and that the informatio	Signature Jack Siedman Print Name President of the I Title 415-868-0997	true and correct.	
Signature Georgia Woods Print Name General Manager Title 415-868-1224 Phone Number	and that the informatio	Signature Jack Siedman Print Name President of the I Title 415-868-0997	true and correct.	
Form under the agency's resolution, a Signature Georgia Woods Print Name General Manager Title 415-868-1224 Phone Number Please provide email address to receive I	AIF notifications.	Signature Jack Siedman Print Name President of the I Title 415-868-0997 Phone Number	true and correct.	

Please email the completed form for review to laif@treasurer.ca.gov and allow 2 days for a response. **DO NOT** mail the original form until you receive approval.

Mail the approved form to: CA State Treasurer's Office

Local Agency Investment Fund

P.O. Box 942809

Sacramento, CA 94209-0001

Authorization Change Form Instructions:

Step 1: Fill out your agency information in the top section.

Effective Date	Agency Name		LAIF Account #
Agency's LAIF Resolu	tion#	or Resolution Date	
Step 2: List all new and existing removed.	ng authorized individuals	. Any current authorize	ed people not listed wil
Name	Title		
Nume	THE CONTRACTOR OF THE CONTRACT		
signers will have to be include are signing themselves off the f the signers are new to the a one of the following as proof o 1. Original Business	e LAIF account. ccount, they will need to of title:		
2. Approved/signed I	sted on your agency web	·	
3. Name and title po4. Personnel employ	ment papers (Certified or resolution copy showing		•
3. Name and title po4. Personnel employ5. Agency's certified	resolution copy showing	name and title.	d appointment papers
 Name and title po Personnel employ Agency's certified Step 4: Fill out the bottom see	resolution copy showing	name and title.	d appointment papers
 Name and title po Personnel employ Agency's certified Step 4: Fill out the bottom secondifications from LAIF. Please provide email address to reconditions.	resolution copy showing ction if anyone from your ceive LAIF email notifications.	name and title. agency would like to re	d appointment papers
 Name and title po Personnel employ Agency's certified Step 4: Fill out the bottom seconotifications from LAIF.	resolution copy showing	name and title. agency would like to re	d appointment papers

Step 5: Email a copy of the Authorization Change form and the required proof of title if needed to laif@treasurer.ca.gov for review. Once you receive approval from LAIF staff, please mail the original Authorization Change form with wet signatures and the proof of title listed in Step 3.